FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

PATENT APPLICATION

Attorney's Docket No: A-398-US-CNT3

		Filing Date		Examiner Christina M		Group Art Unit 1649		
			7/16/2003	Borgeest, Christin	a ivi.		104	+3
In Re Application of: Alison M. Bendele For: USE OF IL-1 INHIBITORS FOR TREATING IL-1 MEDIATED DISEASES								
TO THE COMMISSIONER FOR PATENTS:								
				time under 37 CFR	1.13	6(a):		
	month of origina					` '		
	months of origin							
Thre	e months of orig	ginal due	e date (\$1,110.00					
	Four months of original due date (\$1,730.00)							
☐ Five months of original due date (\$2,350.00) ☐ A response in connection with the matter for which this extension is requested:								
	ed herewith.	VI VVILIT U	ie matter for write	AT THE CALCULATION IS	4 4 4			
	been filed.							
		filing of	a continuing ann	lication, the prior ap	plica	tion havi	ina an e	xpress
abar	ndonment condi	tioned o	n the granting of	a filing date to the c	contin	nuing app	olication	١.
☐ The acco	ompanying pape	ers inclu	de amended claii	ms for which no add	dition	al fee is	require	d.
☐ The accompanying papers include amended claims the fee for which has been calculated as follows:								
			CLAIMS AS A					
(1)	(2)	(3)	(4)	(5)		(6)		(7)
	Claims		Highest number Previously paid for			Rate		Additional Fee
	remaining After		Teviously paid in	Gains present				. 33
	amendment							
Total Claims		Minus	=	0	X	\$52	:	\$ 0.00
Indep. Claims	neo of a multipl	Minus	dent claim	0		\$220 \$390	:	\$ 0.00 \$ 0.00
☐ First Appeara	nce of a multipl			or this Amendment		Ψ390		\$ 0.00
* If the entry in a	column 2 is less tha	n the entr	v in column 4, write "	0" in column 5.				
** If the "Highest	Number Previously	y Paid For	" IN THIS SPACE is I	less than 20, write "20" i	n this	space.		
*** If the "Highest	Number Previously	Paid For	" IN THIS SPACE is I	less than 3, write "3" in t	inis sp	ace. ropriate ba	nx in Col 1	of a prior
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.								
The following other fees are incurred by the accompanying papers.								
_	er:		-					
 ☑ Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$490.00. A 								
duplicate copy of this petition is attached.								
☑ If an additional extension of time is required, please consider this a request therefore.								
The Commissioner is hereby authorized to charge any additional fees, which may be required by the								
accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.								
Please Send Future Correspondence To:								
<u>/ / / / / / / / / / / / / / / / / / </u>								
U.S. Patent Operations/MKH Mary K. Hehman								
Dept. 4300, M/S 28-2-C Attorney for Applicant(s) Registration No.: 39,206								
AMGEN INC. Registration/No.: 39,206 One Amgen Center Drive Phone: (805) 447-5632								
Thousand Oaks, California 91320-1799, USA Date: February 27, 2009								

03/03/2009 WABDELR1 00000001 010519 10621784

EXPRESS MAIL CERTIFICATE

"Express Mail" label number:	EL 732552168 US	<u> </u>	Date of Deposit	February 27, 2009	
I hereby certify that this paper or fee is above and is addressed to the Comm	s being deposited with the United State issioner for Patents, P.O. Box 1450, A istin Porcu Printed Name	s Postal Service exandria, VA 22	e "Express Mail Post of 1313-1450.	Office to Addressee service	te under 37 C.F.R. 1.10 on the date indicate and the date indicate

D.

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FEE AUTHORIZATION / AMENDMENT TRANSMITTAL Attorney's Docket No: A-398-US-CNT3							
Serial No.	Filing D	ate	Examiner	Group Art Unit		Art Unit	
10/621,784		07/16/2003	Borgeest, Christi	eest, Christina M. 1649			
In Re Application of: Alison M.	In Re Application of: Alison M. Bendele						
For: USE OF IL-1 INHIBITOR	RS FOR		MEDIATED DIS	EASE	ES		
TO THE COMMISSIONER FOI				D 4 40	20/-).		
Applicant(s) request(s)		-	time under 37 CF	K 1.13	oo(a).		
One month of origin							
☐ Two months of orig			1)				
Four months of original							
Five months of orig							
☐ A response in connecti	on with th	ne matter for which	th this extension is	reque	ested:		
is filed herewith.							
has been filed.							
☐ The response is the	e filing of	a continuing app	lication, the prior a	applica	ation hav	ing an express	
abandonment cond	litioned o	n the granting of	a filing date to the	contin	nuing ap	plication.	
☐ The accompanying par	ers inclu	de amended clair	ms for which no ac	ddition	al fee is	required.	
☐ The accompanying par	ers inclu	de amended clair	ms the fee for whic	ch has	been ca	alculated as follows:	
		CLAIMS AS A					
(1) (2)	(3)	(4)	(5)		(6)	(7)	
Claims	1	Highest number Previously paid for			Rate	Additional Fee	
remaining After		Previously paid it	Claims present		Nate	100	
amendment							
Total Claims	Minus	=	0	Х	\$52	: \$ 0.00	
Indep. Claims	Minus		0	X	\$220	: \$ 0.00	
☐ First Appearance of a multip				+	\$390	: \$ 0.00	
			r this Amendment	<u> </u>		\$ 0.00	
* If the entry in column 2 is less the structure of the "Highest Number Previous"	an the enti	y in column 4, write " " IN THIS SPACE is I	0" in column 5. less than 20. write "20'	" in this	space.		
*** If the "Highest Number Previous						*	
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior							
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accompanying papers, or credit any overpayment to Deposit Account No. 01/-0519.							
Please Send Future Correspondence To:							
21069							
U.S. Patent Operations/MKH Mary K. Hennah							
Dept. 4300, M/S 28-2-C Attorney for Applicant(s) AMGEN INC. Registration No.: 39,206							
One Amgen Center Drive Phone: (805) 447-5632							
Thousand Oaks, California 91320-1799, USA Date: February 27, 2009							
EXPRESS MAIL CERTIFICATE							

"Express Mail" label number:	EL 732552168 US	Date of Depo	sit February 27, 2009						
above and is addressed to the Co	ee is being deposited with the United State mmissioner for Patents, P.O. Box 1450, Al Kristin Porcu		/ ~	te under 37 C.F.R. 1.10 on the date indicated					
	Drinted Name		Sio	ontura					